

~~SECRET~~

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REQUEST FOR MEDICAL EXAMINATION AND/OR IMMUNIZATION

TO: Medical Division
Attention: Physical Requirements Officer

FROM:

Overseas Branch, Employees Division

NAME OF EMPLOYEE

AGE

TYPE OF DUTY

Harvey, William K.

TDY ☒

PCS ☐

DESTINATION

DATE BY WHICH IMMUNIZATION SHOULD BE COMPLETED

as soon as possible

ROUTE AND METHOD OF TRAVEL

Air

TYPE OF EXAMINATION AND/OR IMMUNIZATION:

OVERSEAS ☒

RETURNEE ☐

ISSUE ROUTINE IMMUNIZATION RECORD ☒

NEW EMPLOYEE ☐

IMMUNIZATION ☒

ISSUE SPECIAL IMMUNIZATION RECORD
(Specify below) ☐

EMPLOYEE'S DEPENDENTS TO BE IMMUNIZED:

NAME	AGE	NAME	AGE	NAME	AGE

REMARKS:

APPROVED FOR RELEASE DATE: 08-19-2009

SIGNATURE OF REQUESTING OFFICIAL

DATE

13 September 1950

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